



PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL
Meeting Minutes :: March 16, 2016
CSI Basement Conference Room - Helena (and via phone)

Members Present

Dr. Rob Stenger, Chair, Partnership Health Center
Dr. Janice Gomersall, Vice-Chair, Community Physicians Group
Dr. Larry Severa, Billings Clinic
Paula Block, Montana Primary Care Association
Kristen Pete, Glacier Medical Associates
Jody Haines, Providence Medical Group
Jessica Cotton, Southwest Community Health Center
Carla Cobb, RiverStone Health
Erwin Austria, Blue Cross Blue Shield of Montana
Mary LeMieux, Montana Medicaid, DPHHS
Justin Murgel, PacificSource Health Plans
Todd Harwell, Public Health and Safety Division, DPHHS
Bill Warden, Hospital Lobbyist
Sen. Mary Caferro, State of Montana

Members Absent

Lara Shadwick, Mountain Pacific Quality Health Foundation
Dr. Patrick Van Wyk, Veterans Affairs Montana Health Care System (Ad Hoc Member)

Interested Parties Present

Dr. Jonathan Weisul, Allegiance Benefit Plan Management
Dr. Gary Mihelish, Mental Health Advocate
Kathy Myers, DPHHS
Kelley Gobbs, DPHHS
Jan Bechtold, Billings Clinic
Mike Foster, St. Vincent Healthcare/Montana Catholic Hospitals
Bryce Ward, Health Economist, UM Business Bureau Research
Elizabeth Rolle, Student, UM Master of Public Health
Kelly McCarthy, Healthy by Design
Michael Vlases, Bozeman Deaconess

CSI Staff Present

Catherine Wright
Christina Goe

Welcome, minutes approval, and announcements

The meeting was called to order at 1:04 pm. Cathy Wright conducted roll call.

Dr. Stenger reviewed the agenda topics. He mentioned several call-in participants so be prepared for some skipping around on the agenda.

Dr. Stenger asked members to review the minutes and provide any comments. There were no comments. Dr. Stenger called for a motion to approve the minutes. Dr. Severa moved to approve the February 2016 stakeholder council meeting minutes. Kristen Pete seconded the motion. The minutes were unanimously approved.

Discuss the Independent Study

Before the February 25 Independent Study work group meeting, by phone, Dr. Stenger and the CSI staff had a brief conversation with Christopher Whaley, the UC Berkeley Health Care Economist. He informed us that he is unable to find a student researcher for the Independent Study and otherwise is too busy to take on this project. Next, the work group reviewed Dr. Bryce Ward's questionnaire responses and it was decided to pursue a formal commitment from Dr. Ward of the Bureau of Business and Economic Research at the University of Montana. In early March, the CSI and Dr. Stenger had a preliminary meeting with Dr. Ward and the student researcher, Elizabeth Rolle, to discuss contracts, data sharing and timetables. The CSI also confirmed a funding source for the study.

Next, Dr. Bryce Ward joined the meeting via phone and shared his vision for the Independent Study. He and the research assistant will focus on three areas: Background/literature review; current Montana program data analysis and projections for future cost-savings and public health benefits. Questions were raised by stakeholders including what factors will be used to select other programs for model review, how to model comparison of Medicare and Medicaid and how to measure cost-savings. Dr. Ward will provide more answers at the May meeting after he has had time to dig deeper in the background materials and Montana program-specific details and data.

Liz Rolle also introduced herself and reported that she has begun background material and literature review and estimates conducting 20 hours of research so far.

Clinic Updates

Cathy reported the successful application of two new provisionally-qualified clinics: Providence Missoula Family Medical and St. Joseph Ronan Medical Clinic. Provisionally-qualified St. James Rocky Mountain Clinic received Level 3 NCQA recognition on March 7 and provisionally-qualified Community Hospital of Anaconda Pintler Family Medicine and Anaconda Pediatrics switched from the Joint Commission to NCQA accreditation.

2016 Quality Metric and Provider Annual Reports

As of March 15, the CSI has received 13 quality metric reports (11 clinics submitted aggregate reports and 2 clinics have submitted patient-level data). Fourteen clinics have completed the Provider Annual Report, sharing valuable narrative details about practice transformation. Payors are reminded to also please submit their 2016 reports by March 31.

Education Subcommittee Report

The Education Subcommittee met on March 2. Jody Haines gave the report. Four topics were discussed. First, the subcommittee reviewed the recommended edits to the CSI patient webpage. CSI staff then explained the work their webmaster has done on search optimization to improve accessibility/searchability of the site. Next, the subcommittee reviewed a set of questions drafted by CSI for a

Provider Recruitment Survey. Finally, the subcommittee reviewed a draft outline for a webinar series to recruit and educate providers.

SIM Council Meeting Report

Christina Goe gave a summary of the March 8 SIM Council meeting in Helena. Highlights included the Riverstone PCMH presentation, Payor reports on claims data that focused on high cost diseases, a Project ECHO update, and a MyHealth demo update. She also announced that the MMA will lead the discussion on statewide HIE, during and after the MyHealth demonstration project is complete. The next SIM meeting is May 10. At that meeting, tribal leaders will discuss health disparities and healthcare delivery on the reservations.

Minnesota Health Care Homes Report

Bonnie La Plante and Mark Caldwell joined the meeting via phone for a presentation on the Minnesota PCMH evaluation which reports \$1 billion in savings, mostly in Medicaid, over a 5 year period. (The full report can be found on the CSI-PCMH Stakeholders website meeting materials section.)

Key findings include:

- Health Care Home (HCH) clinics have better overall rates on quality measures than non-HCH clinics. Transforming to a HCH clinic improves quality care outcomes on Asthma, Vascular Care, Diabetes, Depression and Colorectal measures.
- From 2010-2014, HCH certified clinics were 9 percent less expensive than non-HCH clinics based on Per Member Per Year (PMPY) reimbursement costs within the Medicaid and Medicare programs.
- HCH clinics have fewer hospitalizations compared to non-HCH clinics. Hospital costs are also lower for HCH clinics compared to non-HCH clinics.
- Across the nearly five year evaluation period, spending for Medicaid, Medicare and Dual Eligible patients cared for in HCH clinics would have been approximately \$1 billion more if those patients had not been in HCH clinics.

Future Meetings

The Stakeholder Council is reminded that the next meeting is the required in-person meeting, rescheduled to **Thursday, April 21 at the CSI office in Helena**. Lunch will be provided at 12:30 pm. Meeting will be 1:00 – 4:00 pm. The **Education** subcommittee will meet **April 6 at noon**. The first meeting of the **Legislative Work Group** is **April 14 at 1:00 pm**. (Meeting time was later adjusted to noon.) The **Quality Metrics** and **Payor** subcommittees are tentatively scheduled to meet in April, depending on the data reporting issues, etc. CSI will confirm in early April. And, as a reminder, all council members and interested parties are invited to attend.

Future Topics for Discussion

The following request was made:

- Discuss payment options for behavioral health, especially how to get payors together to streamline the process, etc.

Public Comment

Dr. Mihelish announced he will attend an upcoming Johns Hopkins University symposium on trends in schizophrenia treatment in the Primary Care setting.

Meeting adjourned at 3:00 pm.